



Comparative Research Study

The Research Project

“The Role of Civil Society Organizations and the Private Sector in filling the gaps in the delivery of services not provided by Government in Iraq & Jordan”

RFA: 4345-RPCD-01-12

Submitted By

Submitted To

**Academy for International
Development – Middle East**



AIDME

**The Regional Partnership on
Culture and Development**



RPCD

December 2013

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I. Acronyms

Academy for International Development- Middle East	AIDME
Civil Society	CS
Civil Society Organizations	CSOs
Corporate Social Responsibility	CSR
Governmental Sector	GS
Kurdistan Regional Government	KRG
Local NGOs	LNGOs
Ministry Of Education	MOE
Private Sector	PS
Regional Partnership on Culture and Development	RPCD
United Nations Relief and Works Agency	UNRWA
World Health Organization	WHO

II. Key Words

Governmental Sector - Private Sector – Civil Society Organizations – Educational Sector – Health Sector – Public Services – Public Polices – Political System – Political Situation

III. Abstract

This is a comparative study on the role of civil society and private sectors in the delivery of public services that might otherwise be provided by the governments of Iraq and Jordan. This study is the primary outcome of the research project “The role of civil society organizations and the private sector in filling the gaps in the delivery of services not provided by the government in Iraq and Jordan.” The research project was funded by the Regional Programme on Culture and Development (RPCD) and implemented by the Academy for International Development-Middle East (AIDME) and two research organizations, Inmaa in Iraq, and Al-Badeel Center for Studies in Jordan. The three organizations collaborated in conducting and coordinating the fieldwork required for data collection.

The research study looks at service provision by CSOs and the PS in three different locations in Iraq-Kurdistan and Jordan. It demonstrates their strengths and weaknesses in order to share the best practices and learned lessons. The study specifically investigates the education and health sectors, where both the private sector and civil society offer services alongside the government, but on different levels and with different qualities. The study illustrates the challenges that both sectors face, as well as the public policies which regulate their roles.

IV. Acknowledgments

AIDME wishes to express its deepest appreciation to many persons who helped in planning for and conducting this comparative study. Our appreciation goes first to FHI360-RPCD for all the discussions and meetings that helped in shaping the goals of the study and its means of conduction. Secondly, AIDME extends its appreciation to our partners Inmaa in Iraq, and Al-Badeel Center for Studies and Research in Jordan for coordinating and conducting the phase of data collection.

V. Executive Summary

The research study was conducted in three different locations within each country: Kirkuk, Sulaymaniyh, and Erbil in Iraq, and Amman, Zarqa, and the Baqa refugee camp in Jordan. The geographical selection of these locations was based on consultation with RPCD representatives.

The research outcomes identify that the CSOs in Iraq suffer from a lack of coordination between various governmental agencies, which regularly caused contradicting regulations and decisions. In Jordan, the CSOs are better supported by government and donors and therefore more successful.

Recipients of health services in both countries claimed that the services of the private sectors are not of good quality. In Iraq, people perceived the services as not satisfactory in terms of numbers and variety, and in generally covering all their health needs. In Jordan, the quality of services of both sectors has slipped from past years. In terms of coverage, in Iraq, CSOs cover the poorest and the most marginalized areas, while in Jordan the CSOs may not reach the marginalized areas.

In the education sector, CSOs in both countries are limited to providing services for primary stages. In Iraq, the education services offered by the CSOs and private sector are limited in numbers and quality, as educational institutions are still young and developing (CSO involvement began only in 2003). In Jordan, the education services are available but expensive. Quality is not bad but has declined overall due to the increasing number of Syrian refugees.

In Iraq, governmental contribution to increasing and enhancing the role of the CSOs and the private sector in educational services differed from one locality to another according to the overall political, economic and social situation.

In both countries, financial obstacles are considered the main barrier to functional health and education services, and both countries are highly affected by the political situation. Jordan has started reforming education and health services to satisfy its citizens. Iraq

appears to have less improvement in its public services, although education services are more developed than health.

This research offers a concrete set of recommendations, which mainly stress the coordination and participatory work between the governments, the private sector and CSOs of both countries. It is also crucial to offer CSOs and private sector staff improved training programs to enhance their technical capacities. In health care, registration process should be simplified for new civil society and private organizations wishing to work in that field. Also, taxes on medical equipment and supplies should be reduced for CSOs and the private sector. Similarly, taxes must be reduced on crucial educational materials. Finally, donors need to recognize the real contributions CSOs and the private sector have made in their countries, improve their cooperation with such organizations, and implement their promises and commitments.

VI. Research Team

Technical Team

- Mr. Ahmed A. Hamid, MA. Mgmt, Governance, overall technical coordination and co-writing
- Ms. Manal Samra, MA. Political Science, participated in analyzing the data from Jordan and Iraq and co-writing
- Mr. Hassan Hussein, MA International Development, participated in setting up the outline of the study and training team of researchers
- Mr. Majdy Al-Qorom, Took part in supervising the data collection process and report writing of the study in Jordan
- Mr. Salah A. El-Razik, Role in enhancing the comparative study with constructive insights and final editing
- Mr. Ahmed El-Assal, Took part in compiling and presenting the data from both countries
- Ms. Manal Ahmed, Participated in reviewing and editing the report from Iraq
- Ms. May Hassan, Participated in reviewing and editing the comparative study

Administrative & Financial Support team:

- Mr. Magdy Fahmy, responsible for the overall coordination of all the finances related to conducting this comparative study

- Mr. Mohamed Ali, helped in settling all the financial matters related to the research project

VII. Introduction and Background

This comparative study is meant to reveal the reasons and motives behind service provision by CSOs and the PS in Iraq and Jordan. Close discussions with the RPCD team, desk-research by the AIDME team, and consultation with the identified research contributors in Iraq and Jordan assisted in identifying two basic sectors of focus: education and health.

This study is structured in a way to inform the reader about the research methodology, provide brief descriptions on the political situation in both countries, and relate this to the study goal. Afterwards, the study will reveal the similarities and differences between the two countries. It ends with a concrete set of recommendations extracted from the recommendations of both country studies in addition to the desk research and analysis.

VIII. Research Methodology

A. Research tools

The research was participatory in its core and relied on a mix of methodologies, including:

1. Desk research. This included literature reviews (international, regional, and local) and analysis of eleven secondary sources including reports, statistical reports, strategies, plans, and organizational profiles.
2. Individual-based research methodologies. Twelve interviews were conducted in each country, distributed as four interviews in each location. The interviews were semi-structured (with policy/decision makers, executives, community leaders) and exit/intercept interviews (with beneficiaries and service providers in the health and education sectors).
3. Group-based research methodologies. 12 focus group discussions were held in each country with service providers, beneficiaries and representatives from different age groups and sectors, in different geographical locations.

B. Stages of implementation

AID-ME worked with the research contributors (Inmaa in Iraq and Al-Badeel Center for Studies in Jordan) in the following stages:

1. Concept and methodology development: Partners reached agreement on research objectives, concepts, the mix of methodology design, approaches, plans, and time-framework. (June-July 2013).
2. Data collection: The research teams took the research plan into the field as designed and generated the field data. (August 2013).
3. Data analysis: The focus here was on data comparison and interpretation to identify the major findings and produce the relevant reports. (September 2013).
4. Generating country reports: Teams in Iraq and Jordan produced their study reports, which were shared and reviewed with RPCD. (September-October 2013).
5. Conducting the comparative study and generating the report: Based on the studies generated from the two countries, the AIDME research team analyzed the similarities and differences and integrated the analysis into a comparative study. (November-December 2013).
6. Dissemination of the research studies: This occurred differently in both countries. In Iraq, due to the unstable political and security situation, Inmaa suggested and produced a published report. In Jordan, Al-Badeel Center for Studies, in cooperation with AIDME, organized a one-day conference. (December 2013).

C. Research plan

- This study aims to identify:
 - The role of CSOs and the private sector in providing public services;
 - The level of satisfaction of the public in receiving the services;
 - Degree of effectiveness and efficiency in administration of the services;
 - Laws, regulations and procedures related to PS and CSO public services;
 - Opportunities and obstacles facing the CSOs and private sector in providing public services.

Primary and secondary topics: see below

Primary Topic	Secondary Topics	Research tools	Sources of information
1. General background	1.1 General description of the location 1.2 General description of the services needed and available in the location 1.3 Historical summary that	<ul style="list-style-type: none"> • Secondary resources • Historical plot • Observation • Semi-structured Interviews (SSIs) 	<ul style="list-style-type: none"> • Governmental representatives • NGO representatives • Private Sector representatives

Primary Topic	Secondary Topics	Research tools	Sources of information
	<p>includes the developments of the current services provided by different parties (type of services, services' efficiency, services' providers, service quality and cost)</p> <p>1.4 Summary of the socio-economic and socio-political situations</p> <p>1.5 Summary of public and local administrations, especially in the area of providing public services</p>	<ul style="list-style-type: none"> Focus Group Discussions (FGDs) Problem analysis Case study Maps 	<ul style="list-style-type: none"> Beneficiaries and service recipients/public International and relief organizations' representatives Service providers Consumers' protection association
2. Health services	<p>2.1 Different types of health organizations (governmental, CSOs, private)</p> <p>2.2 Nature and size of the role of these different organizations</p> <p>2.3 The quality and effectiveness of the service provided by each sector</p> <p>2.4 Means of improving the role of CS and the PS in providing these services</p> <p>2.5 Barriers to CSOs and the PS providing services</p> <p>2.6 Role of government in increasing and enhancing the role of CS and the PS in providing health services</p> <p>2.7 In case the three sectors don't provide health services, how can the community fulfill these needs?</p> <p>2.8 What are the motives of CS and the PS when providing health services?</p> <p>2.9 Quality and cost of the health services provided by the three sectors</p>	<ul style="list-style-type: none"> Secondary resources Maps Observation Semi-structured Interviews (SSIs) Focus Group Discussions (FGDs) Problem analysis 	<ul style="list-style-type: none"> Service providers Beneficiaries and service recipients/public NGO representatives Private Sector representatives Consumers' protection association Human rights organizations UN reports
3. Educational services	<p>3.1 Different types of educational organizations (governmental, CSOs, private)</p> <p>3.2 Nature and size of the role of these organizations</p> <p>3.3 The quality and effectiveness of the service provided by each sector</p> <p>3.4 Means of improving the role of CS and the PS in providing these services</p> <p>3.5 Barriers to CS and the PS providing the services</p> <p>3.6 Government contribution to increasing and enhancing the role of CS and the PS in providing</p>	<ul style="list-style-type: none"> Secondary resources Maps Observation Semi-structured Interviews (SSIs) Focus Group Discussions (FGDs) Problem analysis 	<ul style="list-style-type: none"> Governmental representatives NGO representatives PS representatives Beneficiaries and service recipients/public Think tanks Consumers' protection association Service providers Syndicates Human rights organizations

Primary Topic	Secondary Topics	Research tools	Sources of information
	health services 3.7 In case the three sectors don't provide educational services, how can the community fulfill these needs? 3.8 What are the motives of CS and the PS when providing educational services? 3.9 Quality and cost of the educational services provided by the three sectors		<ul style="list-style-type: none"> UN reports News reports
4. Public policies	4.1 The public policies that regulate the role of CS and the PS in providing health and educational services 4.2 The participation of CS and the PS in drawing up the policies related to managing these services 4.3 The role of the government in monitoring CS and the PS while providing these services 4.4 Recommendations to enhance relations between the government, CS and the PS in providing these services to ensure quality and sustainability 4.5 Assistances/advantages/support provided from the government to encourage CS and the PS in providing health and educational services	<ul style="list-style-type: none"> Secondary resources Observation Semi-structured Interviews (SSIs) Focus Group Discussions (FGDs) Problem analysis Maps Case study 	<ul style="list-style-type: none"> Governmental representatives NGO representatives PS representatives beneficiaries and service recipients/public Think tanks Consumers' protection association Service providers Human rights organizations UN reports

IX. Study Limitations

A. Project duration:

The project was initially contracted to be executed in six months, but was later changed to five months. Consequently, the research team began to focus more on verifying the already-collected information rather than on collecting new information and adding more qualitative data.

B. Remote management of the research:

The project was implemented in two different locations, and thus the research team was remotely managing the study. Accordingly, sometimes there were delays when communicating and exchanging data.

X. Brief on the study locations in Iraq and Jordan

Iraq study locations:

- **Kirkuk:** Located north of Baghdad, south of Erbil, and west of Sulaymaniyah. It is a conflict zone between Kurds and Turkmen. It was claimed as a cultural capital city by Kurds and Turkmen in 2010.
- **Sulaymaniyah:** City of the Kurdistan Regional Government (KRG) and an important economic center in northern Iraq.
- **Erbil:** Capital of the KRG, and the fourth largest city in Iraq with a population of 1.3 million.

Jordan study locations:

- **Amman:** Capital city of the Hashemite Kingdom of Jordan. It is the country's political, cultural, and commercial center. It has become one of the MENA's most successful cities in terms of economic, labor, environmental, and socio-cultural factors. It is one of the most popular locations for multinational corporations.
- **Al-Zarqa:** Located north of Jordan, near the Zarqa River. It is Jordan's industrial center, with more than 52% of the country's factories.
- **Al-Baqa:** Refugee camp located north of Amman. It is one of six camps set up in Jordan in 1968 to house Palestinians who left the West Bank and Gaza Strip during the 1967 Arab Israeli war.

XI. The impact of the political situation on the role of CSOs and private sectors in filling in the gaps in public service delivery in Iraq and Jordan

Iraq

Iraq is characterized by political instability due to a series of wars that goes back to the late 1980s. This instability sharply escalated in 2003 following the U.S. invasion. Iraq is also characterized by sectarian conflict which highly increased after the invasion and further escalated political unrest. Ongoing warfare, disastrous military adventures, and irrational policies have resulted in a steady decline in the delivery of all basic human services with education and health the most affected; these services have seen a rapid deterioration at all levels and along all dimensions.

The Kurdistan Regional Government (KRG) was established in 1971 after years of heavy fighting between the Iraqi government and the Kurdish opposition. The new Iraqi constitution of 2005 established Iraqi Kurdistan as a federal entity of Iraq, with the Kurdish language recognized as an official language along with Arabic.¹ The Kurdish region is inhabited by the Kurdish minority, who enjoy a strong autonomy with their own government and security forces. Iraqi Kurdistan developed out of a wave of revolutionary ideology, with demonstrations demanding greater democracy, improved social services, and an end to corruption. As in all of Iraq, ongoing warfare and a decline in basic services helped fuel these demonstration, and addressing these problems and renewing the education sector is now a top priority.

According to UNESCO, after the breakdown of Saddam Hussein's regime, "the Coalition Provisional Authority, with substantial international assistance, undertook a complete reform of Iraq's education system."² On the other hand, despite attempts to resurrect Iraq's health sector, the damaged incurred due to the political instability and the invasion continues to have impacts today.³

¹ About the Kurdistan Regional Government, retrieved from: www.krg.org

² Ibid.

³ World Health Organization, Iraq Healthcare system. Retrieved from: <http://www.who.int/countries/irq/en/>

Jordan

The Jordanian political spectrum has witnessed waves of reforms towards increased democracy and liberalization, undertaken by the late King Hussein. However, some challenges hinder democratic reform in Jordan; these include an extensive history of clans and tribes that traditionally comprise the majority in the Parliament; controversial election law; the amended Political Parties Law that has raised barriers to the establishment of political parties; and lack of freedom of the press.⁴ Education and health services in Jordan were affected by the political instability and upheaval that swept Jordan and the Arab region in general, resulting from the Arab-Israeli conflict, the growing population, and the past influx of Palestinian refugees and the current influx of Syrian refugees, which place additional demands on public services. According to the World Bank, the political situation in Jordan impacts the public policies on both health and education services, where public authorities lack the resources to keep up their services.⁵ Such problems have hindered the role of CSOs and the private sector in delivering public services.

However, according to the World Bank, “the public services conditions in Jordan have improved slightly in early 2013, after a challenging year in 2012.”⁶ As part of the democratic transition, the government of Jordan has been working towards social protection systems and subsidy reforms to improve public services conditions. These reforms were mainly driven by the revolutionary wave in the region, the Syrian refugees, and the political participation of the Palestinian Jordanians.⁷ Generally, over the past 10 years, Jordan has pursued structural reforms in education and health, and have progressed well.⁸ However, additional reforms in the health services are still required. There are limited numbers of organizations that offer public services, mainly because of the nature of the political and geographical situation. Overall, the public services provision by CSOs and the private sector in Jordan are poor in quality, often aspiring toward profit at the expense of quality.

⁴European Forum for Democracy and Solidarity. Retrieved from: <http://www.europeanforum.net/country/jordan>

⁵ “Working for a World Free of Poverty,” The world Bank, retrieved from: <http://www.worldbank.org/en/country/jordan/overview>

⁶ Ibid.

⁷ Anna Sunik, “The Situation in Jordan: a General Overview,” Geographical Overview, Middle East and turkey, 2013.

⁸ Ibid.

XII. Comparative Analysis

A. Main findings in Iraq and Jordan in brief

- The lowest quality of public services provided by civil society and the private sector is at Kirkuk, Iraq and Al-Zarqa, Jordan, due to the high population densities.
- The private sector and civil society organizations are still limited to basic health services.
- The services provided by the government in health and education are affordable compared to the services offered by the private sector and civil society organizations.
- Financial obstacles and the current laws that regulate the work done by CSOs are considered the main barriers to sustained services.
- There is no coordination among the three sectors, and often none among players in the same sector.
- In both countries, government must take a greater role in improving the basic infrastructure of the private sector and CS organizations. In Iraq, this means granting enough spaces to establish hospitals, and in Jordan, it means expanding the currently-operating health centers and increasing their numbers.
- In Iraq, the deterioration of health services provided by CSOs and the private sector are mostly due to economic factors, the same which are holding the country back from development in general. In Jordan, it has more to do with a lack of essential medical equipment and medications, and the low number of health centers and other infrastructure.
- The study in Iraq highlighted that the lack of qualified cadres in the health sector, in addition to the prevalence of corruption cases in the governmental sector, are significant obstacles hindering CSOs and Private Sector organizations. In Jordan, the high number of Syrian refugees comprises a real burden on available public services and prevent Jordanians from accessing them.
- With regard education services, most civil society and private sector organizations in both countries are limited to: raising awareness, training, reducing illiteracy rates, and providing basic educational needs in the primary stages only.
- Jordan and Iraq differed considerably in the scope of PS educational services. In Iraq, the PS is weak in delivering satisfactory educational services whereas in Jordan the PS

serves more than 32% of students along different educational stages. High taxes are placed on this sector against the profit it makes.

- The quality of educational services offered by civil society organizations also differed in Iraq and Jordan. In Jordan, beneficiaries as well as service providers stated that the educational services are good though they are not sufficient there are not enough; in Iraq, the same target group expressed discontent with the quality of CSO educational services.

B. Comparison in the health sector

Similarities:

- **Types:** There are various types of health organizations functioning in the health sector in both countries. However, at Al-Baqa, Jordan, there are limited numbers of service organizations because it is a refugee camp and people rely more on humanitarian missions. Furthermore, political and demographic factors impact the number and variety of private and civil society health organizations in both countries and, hence, the government still leads the health sector in terms of availability and geographic coverage in both countries.
- **Type and size:** In both countries the private sector and civil society organizations are still limited to certain basic health services. Specific health services, such as heart and kidney operations, and treatment related to chronic diseases such as liver failure and cancer, are not provided by the private sector or CSOs in either country.
- **Quality and effectiveness:** The majority of respondents in both countries are satisfied with the quality of service offered by the government, especially when considering the affordable prices. Respondents also asserted that the services offered from the private sector are no longer of good quality, as people used to generally believe. They added that in recent years private health organizations have begun to prioritize profit over quality.

- Obstacles:

- Financial constraints are the main barrier to private services in both countries.
- Current laws hinder productivity, for example the excessively complicated and bureaucratic process of getting a license to open new health centers, which demotivates those who are willing to establish such centers.
- Absence of coordination among the three sectors, as well as between civil society organizations. As one CSO-member respondent in Jordan stated, “the dialogue between the governmental sector and the CSOs is like the deaf who does not have a voice and does not hear (meaning: they are speaking different languages, and they can hardly understand each other).” It was also expressed by some service providers in Jordan that the number of CSOs is increasing rapidly and alarmingly; these new organizations are competing for foreign grants. A service provider in the governmental sector noted that “the competition issue led to lack of coordination and thus repetition of activities most of the times. While a lack of coordination has been an issue in Iraq, Jordan and many other Arab countries for many years, the issue of duplicated efforts and activities inside different CSOs has been increasingly noticeable in the present time. The focus that most of the CSOs give to provide the basic health services make some other services not available to the public and remain not offered by CSOs. This points to the urgent need to enhance coordination among civil society organizations and educate the different players, including employees and donors. Managing the coordination challenge is a crucial factor in both countries. By creating and following a structured coordination strategy, actors of the civil society and of the private sector will be able to identify the areas/locations and the missing health services; accordingly they can offer more services and with better quality.

- Governmental contribution needed in both sites:

- In both countries, there is a need to improve the basic infrastructure via granting enough spaces to establish hospitals as stressed by the service providers in Iraq’s study and through expanding current operating health centers and increasing their numbers as highlighted in the study of Jordan.

- Organize the internal workings of CSOs and PSOs through improving the training programs offered to employees in the health sector. This point was articulated by the service providers as well as the beneficiaries in Iraq as “improving the internal planning.”
- Establish a regulatory mechanism to monitor the private sector in public service provision; revisit the current governing laws and regulations of the health sector.
- Coordinate with the international organizations providing laboratory equipment and up-to-date devices in health centers. The experience of international CSOs specialized in the health-care arena are important and valuable.

Differences:

- **Quality and effectiveness:** In Iraq, people stated that the services are very bad. There, especially in Kirkuk, the number of CSOs capable of providing health services is low, and they only provide general and basic health care. In addition, the services provided by the PS in Iraq are weak while in Jordan the service is good.
- **Size and role:** In Jordan the role of the private sector is evident in terms of number of private health centers and the role of CSOs is much felt than in Iraq.
- The capability of the CSOs in covering various geographical areas. In Iraq, the geographical areas covered by the CSOs are among the poorest and most marginalized, which gives them an edge and an advantage. In Jordan, the CSOs reach only some of the most marginalized groups. As one respondent said, “El Zarqa is the most deprived area of the development projects; however, Amman got the lion’s share of the development projects”.
- The reasons of the deterioration of the health services provided by CSOs and the private sector in Iraq are mostly the economic factors that are holding the country, in general, back from development on various levels, in addition to the increasing tendency of the private sector organizations to focus on profit-making at the expense of the quality of services. On the hand, the reasons behind the deterioration of the health service in Jordan goes back to lack of the essential medical equipment, the low number of health centers and other infrastructure and the lack of medication.

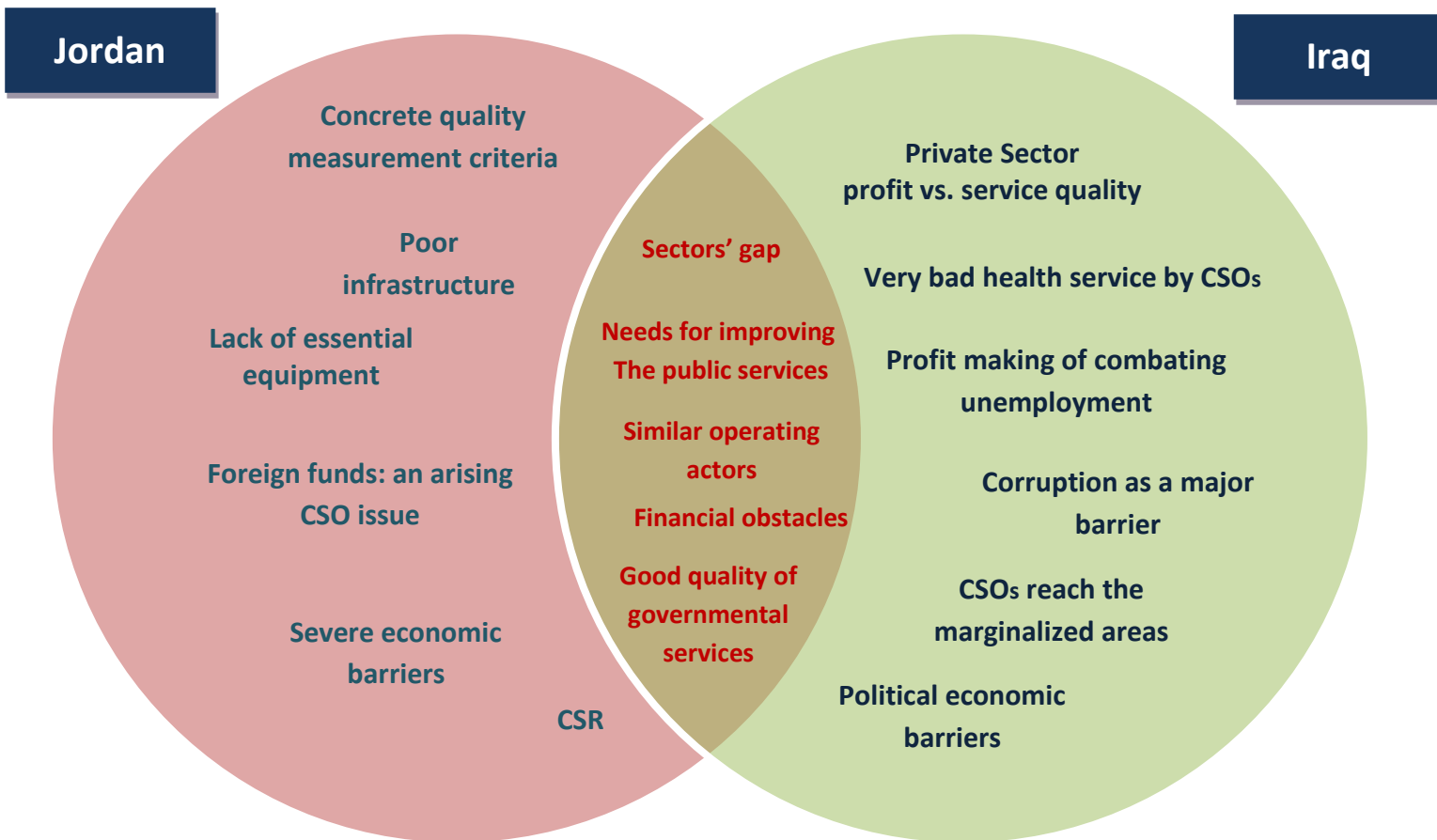
- **Obstacles:** Lack of qualified cadres force CSOs and the private sector to continue providing only the most basic and general health services, because there is no room to think about expansion and provision of more specified health services. The lack of qualified and trained human resources is a clear indicator of the weak institutional structures in the governmental and civil society sectors in the country. In the last two decades Iraq has witnessed the spread of corruption in various organizations, with a decline in governmental monitoring and regulations; consequently, many service providers see the government's role as a formality with only a superficial impact. This weak role of government has fueled a spread of corruption in all sectors of the research. Spreading corruption in the government also hinders the progress that CSOs and the private sector can achieve in health care; they are obliged to follow the system of the government even if it is corrupt. In Jordan, due to the number of Syrian refugees burdening the system, there is increasing pressure on the individual Jordanian citizen to reach out to providers if they wish to benefit from the public services offered by CSOs and the private sector. In addition, a high cost of living in Jordan is forcing average citizens to seek out government services in both the education and health sectors.
- A significant mechanism recommended by the study in Jordan only regarding **enhancing the governmental contribution to increase the role of the CSOs and Private Sector in providing health services** is to focus on the funding mechanisms of public services programs and projects. Each sector (governmental, civil society and private) has its own way of securing funds to achieve its strategic goals. The main factors highlighted by the service providers in Jordan is that CSOs achieved little success in managing donation campaigns, as many of them do not have experience in writing proposals; instead they rely mostly on donations and self-funding which are limited and unsuitable. As one CSO member said, "the fund is the lifeblood of CSOs." External funding also influences the agenda of CSOs. This issue of funding is of greater concern in Jordan than Iraq.
- The motivations of CSOs and the private sector in providing health services to the public varied from Iraq to Jordan. The majority of service providers in Jordan agreed on their motivations, which include: helping the community to develop and achieving good levels of health security. The health service providers in the Private Sector in

particular asserted that one of their motives is to fulfill their Corporate Social Responsibility (CSR), as they belong to the country and their service is part of paying back its population. In Iraq, health service providers articulated their motives as making good profits, achieving fame, filling in the gap left by the government; and reducing rates of unemployment.

- The study of Jordan also revealed the point of view of beneficiaries of health services regarding the motives of service providers. Beneficiaries believe that the government is fulfilling its mandate towards the population by providing affordable health and educational services. However, some of the beneficiaries of services raised doubts regarding the motives and goals of CSOs, especially those who receive foreign funds. They also questioned why foreign agencies care about funding activities that provide health services to Jordanians. On the other hand, some beneficiaries reflected that they don't have any doubts about CSOs and foreign funding, as this is part of the role of developed countries towards developing ones: they have to assist them financially in order to achieve balance in the world. Neither of these two opposing sides were dominant.
- **Community members seek to fulfill their health needs even if all three sectors fail them.** In Iraq, when traditional health care is not available, citizens seek herbs, prophetic medicine, imposture (black magic) and in many cases consult with non-professionals who claim they have some medical experience. There was no clearly corresponding information found in the Jordanian research. It should also be noted that there are some traditional health-care professions in Arab countries, such as the *Daya* (midwives) and the traditional providers of circumcision services. These are the main health services providers in marginalized areas such as Al-Baqa and Kirkuk.

Summary of the comparison between Iraq and Jordan in the health sector

The graph below summarizes the comparative analysis of the health sector in Iraq and Jordan, highlighting the most important findings in each country and issues they both share. Some of these findings, which appear to be specific to one country only, were simply only stressed in that country but may also be present in the other, such as Social Corporate Responsibility (CSR) in Jordan, and corruption in Iraq.



C. Comparison in the Education Sector:

Similarities:

- **Types:** Beside the government, the private sector and CSOs offer educational services, but some of them serve only specific educational stages. The CSOs in particular tend to provide only basic-stages education in both countries. However, both countries, in general, have witnessed an increase in the number of educational institutions, public and private, though the degree of their development differed due to political and economic circumstances.
- **Size:** Most of the CSOs in both countries are limited to: raising awareness, training, reducing illiteracy rates, and providing basic educational needs in primary stages only. The governments is dominant in providing educational services to the mass population, and the role of civil society is still limited to certain types of activities and interventions.
- **Quality and effectiveness:** The majority of interviewees in both countries expressed satisfaction with the quality of service offered by the government. They added that they are safely relying on the governmental services and believe that these services offer good quality and efficiency.

However, the situations in Kirkuk in Iraq and Al-Zarqa in Jordan resembled each other in terms of poor infrastructure at schools and the high density of students in classes. The reasons behind the poor infrastructure in Kirkuk are mainly due to corrupt governmental entities that benefit from building schools with poor construction materials and rebuilding them in response to complaints. The process of building one school twice generates more money for corrupted personnel and opens the door for further corruption. This corruptive loop, undoubtedly, leads to the recession of the educational status at Kirkuk.

- **Financial constraints:** CSOs providing educational services suffer from a lack of funds, to the extent that some of them may stop offering services entirely; the private sector,

on the other hand, is always concerned with profit-making. Secondly, current laws that regulate educational CSOs and PSOs are crucial barriers to effective service. Thirdly, there is a lack of coordination among the government, civil society, and the private sector, as well as a lack of coordination within each sector, especially between CSOs. The coordination obstacle impacted the quality of educational services provided by all sectors and led to the repetition of some activities.

- In response to the issue of **governmental contribution in increasing and enhancing the role of CSOs and the private sector in providing educational services**, both studies agreed on the importance of having the government help qualify CSOs and private sector staff through the training programs offered to teachers of governmental schools. This capacity development and integration will help employees from the three sectors open a new channel for strategic integration in the future and overcome the coordination challenge.
- In addition, providers of educational services from both CSOs and the private sector expressed the need for government help in improving educational infrastructure. Both studies agreed that there is a need to increase the number of educational buildings especially in the areas of Kirkuk and Al-Zarqa, as these areas suffer from multiple school shifts (two to three shifts).
- **In the case civil society and the private sectors don't provide educational services:** Both studies demonstrated that the study interviewees will rely on the governmental sector for educational services. It is one of the prime mandates of any government to provide citizens with these services; however, quality varies, as mentioned by a respondent: "The quality of the public schools is not equal. There are good schools and in other places there are weak schools...it depends on the staff of the school." This argument points to the fact that the government is still regarded as a fundamental service provider, and both sectors (CSOs and the PS) in both countries perceive their roles as complementary to that of the government's.
- **Motivations:** Both studies agreed that the motivations of civil society and private sector organizations in providing public educational services include: developing the local community, achieving good educational services, filling in the gaps of the government,

build reputation, and the need to be effective educational practitioners. In the case of the private sector organizations, there is the added motive of making profits

Differences in the education sector:

- **Development:** In Iraq the development in the education system largely began after 2003. Since then, the number of schools has been increasing and awareness of the importance of education has increased as well. In Jordan, the education sector has been well-developed since the 1950s on many fronts, such as number of schools and universities (public and private) and quality of teachers and curriculum.

In Jordan, especially at Al-Baqa, the educational services are provided and managed by UNRWA, which allocates more than 50% of its budget to performing such services in Al-Baqa and other Palestinian refugee camps. UNRWA has upgraded the educational system and schools in Al-Baqa, and established specialized and up-to-date vocational training centers in the area.

- **Size:** In Iraq, the private sector is weak in delivering satisfactory educational services mainly due to inexperience, having only been established recently. In addition, the unstable security situation in Iraq hinders the role of the private sector and curbs its growth. In Jordan, on the other hand, the private sector serves more than 32% of students along different educational stages. High taxes are placed on this sector against the profit it makes. Beneficiaries of private educational services in Jordan said that quality of service has declined in recent years as providers increasingly prioritize profits.
- **CSOs:** In Jordan, beneficiaries as well as service providers stated that the educational services provided by CSOs are good though inadequate in scope and reach; in Iraq, the same target group expressed discontent with CSO-education quality. One of the service recipients in Iraq said
- **Obstacles:** In Iraq, CSOs criticized the government for its weak role in monitoring the work done by other organizations. One respondent said, "the government monitoring is just ink on papers." They also criticized the private sector, describing those organizations

as “family organizations” rather than “institutions,” and cited administrative corruption. In Jordan, the main problem is an increasing responsibility on the Jordanian citizen to reach out and take advantage of the services offered by CSO and the PS due to the increasing number of Syrian refugees.

- **Governmental contributions:** The proposed mechanisms for the government to enhance the roles of CSOs and PSOs differed according to the overall political, economic and social situation of each country and study site. In Iraq it was suggested that the government increase its role in monitoring. Additionally, the study stressed that the government should provide more facilities to both sectors and should ease the routine and procedures that hinder them from providing educational services. In Jordan, the results stressed more that the government should financially assist CSOs in particular so they might increase their role in providing educational services. Certainly, the private sector has its own strategies as well through marketing its services. It is really the CSOs who could benefit from increased governmental support.
- In Jordan, beneficiaries expressed that university education is better offered by the government than the private sector, while CSOs and the private sector are more efficient in providing primary and secondary services.
- **In case all three sectors fail to provide educational services:** The research in Iraq highlighted that people may seek the help of women in teaching children reading, writing, and the Quran. They added that some conservative families prefer this option, especially for their daughters, due to cultural concerns about sending their girls to school. In Jordan, there is simply an expectation that the government will provide educational services. This contrast reflects the nature of a location and the ideas of a local community when they think about solutions to a certain challenge; in Jordan, the surveyed locations were more urban, with Amman also being highly modernized. In Iraq where modernization and openness is still limited, people think of other traditional ways of teaching to overcome the problem.
- **Motivations:** The beneficiaries and service providers in Iraq did not show the same doubts as in Jordan. They emphasized their wishes for a bigger role for CSOs and the private

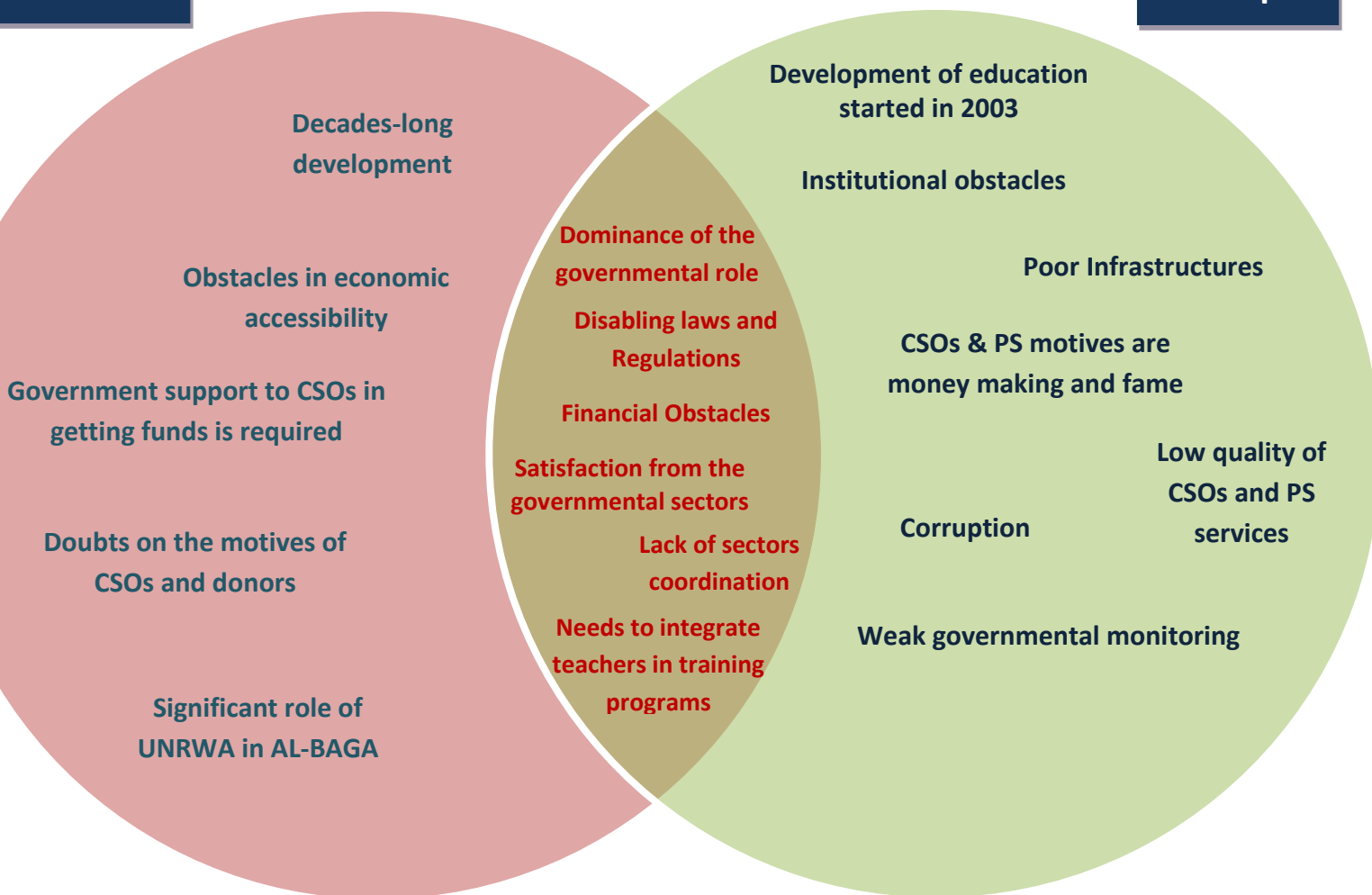
sector in combating increasing illiteracy rates. In Jordan, the beneficiaries showed some doubts regarding the motives of the CSOs, especially those which receive foreign funds.

Summary of the Comparison between Iraq and Jordan in the Education Sector

The graph below summarizes the comparative analysis of the education sector in Iraq and Jordan, highlighting the most important findings in each country and issues they share. Some of these findings, which appear to be specific to one country only, were simply only stressed in that country but may also be present in the other, such as the obstacles in economic accessibility in Jordan, and the poor infrastructures in Iraq.

Jordan

Iraq



D. General points of comparison between the roles of CSOs and the private sector:

Similarities in the Public Policies:

- Both countries share a long history of religion and culture influencing laws.
- Both countries aim for achieving democracy by supporting CSOs that increase the awareness of the people on the importance of democracy, free elections, freedom of expression, and enjoying their rights.
- The CSOs' influence or role in public policy reform in both countries is limited. This is expressed by the idea that "these policies have been designed by certain people to fulfill their interests."

Differences in the Public Policies:

- The issues defended by CSOs in Iraq are mostly related to political aspects such as human rights, women's empowerment, and fighting corruption. Most of the organizations in Jordan are concerned with helping the poor, defending the rights of minority groups, and community services.
- The economic situation of Iraq/Kurdistan and Jordan is different, and that affects the state power over CSOs.
- The number of CSOs in Iraq is higher than in Jordan;
- The women empowerment CSOs in Jordan play a crucial role either on political or social aspects, which is not the case in some areas in Iraq where CSOs are not able to change the reality of oppressed women either on the level of the family or the society.
- The legal framework that governs CSOs is more restrictive in Jordan than in Iraq.

XIII. Research Recommendations

❖ Recommendations for governmental sectors:

- Participatory work and coordination are needed between the government, private and CSO sectors in both countries, wherein they should meet, consult and work together in order to:
 - improve public services and satisfy citizens,
 - ensure public service provision in remote and needy areas,
 - effectively decide and assign what to provide and where to provide,
 - avoid any conflicting views and interests, and
 - minimize corruption in all sectors.
- Further strategic plans on improving partnerships and alliances between the three sectors are needed in both countries in order to minimize conflicts and maximize cooperation, which would highly impact the quality of services.
- The governmental sectors in both countries should support private sectors in providing public services, which can be done through the facilitation of the registration processes, and a reduction of taxes on medical equipment, medical supplies and the educational materials.
- Both governments need to direct their citizens on how to take advantage of services offered by the three sectors. Many citizens in both countries are not fully aware of the services available.
- Both governments should provide free venues in which CSOs may organize activities of public interest.
- Enforce current laws to build civic, democratic societies and to allow sustainable development for CSOs, in order to:

- In terms of public policies, both governments should improve the legal environment for public access to information in order to:
 - create and update an open-information site on all projects implemented by the development policies and programs,
- support CSOs by publicizing their activities via TV commercials and other mass media,
- reduce the gap between civil society organizations and their communities: these organizations should make it a goal to increase their credibility and foster interaction with society.
- Preserve civil society independence by giving them the freedom to seek non-governmental funds including from international donors.

❖ **Recommendations for CSOs and the private sector:**

- The CSOs should be based on democratic foundations, consult with other sectors in making decisions, and enhance transparency in dealing with other sectors.
- Both countries need to reconsider the mechanisms of monitoring of authorities.
- Plan and implement new projects in all sectors on improving basic public services in both countries.
- Civil society organizations should have a mission and. They should have strategies and plans for project implementation, and a system of evaluation of concluded projects and programs.

❖ **Recommendations for donors:**

- When establishing new CSOs, authorities need to make sure to reach populations in all parts of a country, not just urban areas.
- Financial monitoring is crucial to reducing corruption, ensuring transparency and meeting goals.

- A shared fund should be established between the three sectors to support mutual projects; such financial support will encourage partnership and alliances.
- Increase international support, particularly in Jordan, to support CSOs in improving public services to citizens as well as Syrian refugees.
- Donors need to recognize the real contributions of CSOs in their countries and improve their cooperation with these organizations, and implement their promises and commitments through:
 - Coordinating CSOs activities with national development policies.
 - Strengthening CSOs capacities to improve their impact.
 - Improvement of information dissemination of CSOs activities.
 - Assist in building enabling environments defined by CSOs in both countries.
 - Strengthening CSOs capacity in administration, finance, and human resource management.
 - Capacity-building for long-term sustainable strategy development.
 - Building relationships based on the principle of equal rights.
 - Supporting CSOs evaluation and monitoring activities on development projects and allocating appropriate funds for this purpose.
 - Translating all information on projects, projects implementation, and monitoring reports into Arabic/Kurdo, and making all information accessible to the public.

❖ **Lessons learned:**

- The governmental sector in Iraq needs to follow Jordan's approach in facilitating and re-activating the role of CSOs in the provision of health and education services. In addition, it needs to review tax laws and regulations, as they currently demotivate and hinder the private and CS sectors in delivering public services.

XV. Annexes

Annex 1: Research Glossary

A. Public policy

Public policy is the action taken by a government to address a particular public issue and protect and benefit populations. Simply defined, public policies are governmental decisions, or the result of activities which the government undertakes in pursuance of certain goals and objectives. Effective public policy requires a thorough and close-knit relationship between defined governmental agencies, the political executive, the legislature, the bureaucracy, and the judiciary.

Generally, shaping public policy is a complex and multilayered process that involves the interplay of numerous individuals and interest groups competing and collaborating to influence policymakers. Public policy is generally easier to establish when it affects smaller groups of people.

It is very important to make a distinction between policy and goals. Goals are what policies aim at or hope to achieve. A goal is a desired state of affairs that a society attempts to realize. These can be thought of as abstract values that a society would like to acquire. Public policies are concerned with such specific goals. They are the instruments which lead to the achievement of these goals.

It is also important to distinguish between a policy and a decision. Government officials are constantly making decisions, but all decisions cannot be described as matters of policy. The essential core of decision-making is to make a choice between available alternatives in order to take an action. A decision can be taken only when there is more than one available alternative. Public policy is the broad direction or perspective that the government pursues in order to make decisions. Every decision maker should be abiding by established public policy.

B. Civil Society

- Civil society organizations (CSOs): Groupings of individuals and associations, formal and informal, which belong neither to the public sector nor to the profit-making private sector.
- Non-governmental organizations (NGOs): Often and mistakenly equated with civil society, NGOs work in a broad spectrum of fields, from humanitarian aid to human rights promotion to environmental protection.
- Community-based organizations (CBOs): Their constituency, which is made up of both activists and beneficiaries, resides within a recognizable geographical entity, such as a neighborhood, village or district. CBOs rely mainly on the voluntary contributions of labor and material resources of their members, though they may also receive funds from NGOs.
- Non-governmental development organizations (NGDOs): Specialized in channeling funds for development and work at the national and international level.
- Advocacy NGOs: Provide such services as research and training, and information gathering and dissemination. The most common forms of advocacy NGOs are chambers of commerce and federations of CBOs. At the international level, they include the International Council for Social Welfare, Amnesty International, and the World Business Council for Sustainable Development.
- Interest group associations: Associations of professionals, such as lawyers or doctors or architects. They also include producer and consumer co-operatives, and associations for business executives or retired persons, in addition to unions whose primary function is to protect the interests of their members in the workplace.

C. Private Sector:

The private sector is part of the economy not controlled by the government, but rather by individuals and private companies for profit. In that sense, the private sector encompasses all for-profit businesses not operated by the government. In some states, the private sector holds most of the economic power, while in other states the governmental sector exerts more power over the economy.

D. Governmental Sector:

Also referred to as the public sector, this is the portion of the state's economy controlled by the local government. In most states, the governmental sector controls most of the public services, which sometimes leads to overlap with the private sector. However, the extent of this overlap varies from one state to another, depending on the nature of the relationship between both sectors.

Source: *United Nations Research Institute for Sustainable Development (UNRISD), 2002*

Annex 2: Civil Society in Iraq and Jordan: Current Status and Challenges

Iraq

The occurrence of civil society as an active participant in Iraq's recovery and development became a highly popular theme amongst key actors. It is estimated that somewhere between 8,000 and 12,000 NGOs were registered within the years following the 2003 war. Many NGOs were formed as a reaction against the former regime, as proxies for political parties in power, or as opportunistic ventures aimed at gaining access to the massive amount of humanitarian aid that was pouring into the country. This reality poses questions about the degree of independence, efficacy, capacity, and professionalism of these organizations.

Some local NGOs (LNGOs) were formed as CSO branches of political parties and groups that participated in the first power-sharing agreement. Many of these LNGOs/CSOs continue to assume governmental functions and control state agencies at the local, regional, and national levels. The growth of these NGOs closely reflects real ethnic and religious/sectarian trends and divisions in Iraq's political environment.

The Iraqi Council of Representatives voted to approve a new Law on Non-Governmental Organizations (Law 12 of 2010) on January 2010. The new NGO law was ratified by the Presidency Council on March 2, 2010 and went into effect on April 7, 2010, when it was published in the Official Gazette. Subsequently, the Law on Non-Governmental Organizations in the Iraqi Kurdistan Region (Kurdistan Regional Government Law 1 of 2011) was approved by the Parliament of Kurdistan on April 6, 2011 and signed by the President of the Kurdistan Region. This is a significant milestone for Kurdish and Iraqi civil society which lays the groundwork for a new era in civil society/government relations in Iraq.

Most interviewed CSOs feel that they are free to operate and gather people together for projects, but they are hesitant to criticize certain public officials or the government's policy on certain issues. While generally ambitious, CSOs are

pessimistic regarding their ability to affect the actions or behavior of government or political parties.

In general, CSOs view themselves more as trainers and educators than advocates, and remain ambitious regarding taking an increased role in the community in the decision-making process.

CSOs suffer from a lack of coordination between governmental agencies, which regularly causes contradicting regulations and decisions, and limits involvement of civil societies in policy making.

In general, most CSOs interviewed identified avenues to improve their reputation in the eyes of the public via five overlapping categories:

Transparency: A significant proportion of CSOs view internal transparency as the solution. By putting their budgets and work plans forward for public scrutiny, CSOs could show the public that they have nothing to hide.

Communication: Organizations should communicate their results, as well as their failures, to the public. Through the Internet and traditional media, CSOs can highlight their successes, but they should conduct evaluations of their efforts as well.

Prevention: If the concern is that CSOs are too close to political parties, then CSOs should take all steps available to prevent political interference, including remaining neutral during election campaigns and excluding party members from their ranks. Some CSOs even suggested ending communication with political parties, a step that actually is more likely to hinder civil society development in Iraq.

Inclusiveness: Some CSOs did not define the problem as CSO dependence on political parties per se, but rather as CSOs being too close to a single entity. As a result, they believed that CSOs should branch out, expand their efforts, and work with as many groups and parties as possible.

Activity: CSOs believe they need to express a commitment to including citizens in their work, take their messages to the government, and ensure that their activities reflect the needs of the people.

Most CSOs experience difficulty accessing central government officials, particularly elected representatives. Most appear to lack a clear understanding of effective strategies to generate stronger cooperation.

However, a significant number of CSOs addressed real opportunities for development, many of which can be placed in one of the following categories:

- **Strategic Planning:** CSOs would benefit from assistance in identifying projects and matching those projects with clearly defined targets.
- **Public Relations:** CSOs have difficulties in getting their message out, recruiting supporters, and attracting public attention. Improvements in these areas would necessitate increased transparency and an effective media strategy. Developing mechanisms to incorporate public opinion into planning would be beneficial in the long-term.
- **Partnerships:** Many suggested that new and improved CSO networks would allow civil society to leverage its own talents, especially when goals overlap. Related mechanisms would be to regularly speak to issue-specific experts and academics and involve beneficiaries in their work. CSOs also believed that they should try to work with public officials and government bodies more often, through specific joint projects, coordination of efforts, and regular communication with provincial councilors and other bodies.
- **Homework:** Finally, many CSOs noted that they need to do their homework. Each problem they address must be studied realistically. Surveys, studies, and other data-gathering tools must be employed to bridge the divide between proposals and needed solutions. It was recognized that such an approach might require specialized personnel on staff and staff development opportunities.

Jordan

Jordan has more than 3,000 civil society organizations, according to a 2009 EU mapping study of community based organizations (CBOs). Four sub-groups were identified: grass roots (local CBOs); national NGOs; umbrella organizations; and platforms.

Civil society organizations (CSOs) were governed by the Law on Societies and Social Bodies (Law 33 of 1966), which allowed for pervasive government interference in the affairs of CSOs. In 2008, the Law on Societies (Law 51 of 2008) was enacted; although an improvement, the new law was met with criticism for not going far enough to remove restrictions on civic space. As a partial response to these criticisms, the 2008 Law on Societies was amended in 2009 (Law 22 of 2009).

CSOs are registered with the societies' registrar of the Ministry of Social Development, an independent entity not considered a department of the ministry.

The key challenges to CSO's were the weak and inconsistent role of civil society to contribute actively to public policy development, monitoring, and evaluation. Existing mechanisms for dialogue between donors on one hand and state and non-state recipients on the other hand are in place but need strengthening and systematizing.

It was evident that CSOs have limited resources with which to provide adequate services. The research outcomes include the recognition that CSOs supported by government and donors have much more to offer.

Civil society is the third arm to development (along with government and development partners (donors)). It is the responsibility of governments to provide services for their citizens. For effective outcomes, civil society organizations need to work with governments to develop coherent social development policies. In order for them to be effective in fulfilling this complementary role, civil society organizations need to have the right skills and capacity.

However, most visited CSOs face major challenges including:

- Inadequate funding
- Lack of coordination
- Fragmentation of service
- Competition
- Lack of productive working environment

It was also revealed that most of the involved governmental departments do not have the requisite skills and capacity to effectively address social development issues.

- Lack of coordination between various governmental agencies regularly caused contradicting regulations and decisions.
- Government monitors CSOs very closely via regular reporting and books auditing
- Advocacy of public policies and regulations are limited. This was recognized by CSOs as an area for enhancement
- Effective partnerships among stakeholders, governments, development partners and CSOs are essential.

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